

**Quality Improvement Plan (QIP)**  
**Narrative for Health Care**  
**Organizations in Ontario**

March 20, 2023

## **OVERVIEW**

North Centennial Manor is a 78-bed not-for-profit Long-Term Care home located in Kapuskasing, Ontario. The manor has been providing holistic care services to elderly residents, people with disabilities, and those who have a chronic or prolonged illness since 1967. We are proud of the services that we provide for our family, friends and community.

## **REFLECTIONS SINCE YOUR LAST QIP SUBMISSION**

Our greatest achievement has been the strength and courage that the residents and staff demonstrated through the pandemic. Our goal was and continues to be to protect our residents and team through the ever changing pandemic.

Our goal this year is to continue to promote activities that add to the quality of life of the residents and the team.

## **PATIENT/CLIENT/RESIDENT ENGAGEMENT AND**

### **PARTNERING**

Our residents are able to provide feedback daily and they are given the opportunity to give written feedback on questionnaire sent out annually.

Our QIP is shared with the Board of Directors, resident council and family council as well as staff through Quality Improvement meetings. We also have in-house quality improvement planning that takes place on an ongoing basis and the data is available for review.

We are continuously assessing the residents to improve on the services that we provide.

Currently 61% of our residents have a diagnosis of some kind of Dementia. We have staff funding by the Behavior Support Ontario (BSO) program to help us manage the responsive behaviors and support the resident's needs. We are looking to build on these services in 2023.

### **PROVIDER EXPERIENCE**

There has been many restrictions and requirements put on the providers during the pandemic. Our team has worked with us to promote the safety of the home for the residents and themselves. The employees were recently asked what qualities they bring to their work and they responded with words like compassion, love, dedication, caring hearts, advocacy, and patience. We are grateful to be part of a strong team.

## **WORKPLACE VIOLENCE PREVENTION**

Workplace Violence is not tolerated in the home by anyone. Administration stresses the importance of filling out incident reports and they follow up on the corrective action. No one should go to work and get injured in the process.

In Long Term care the violence may come from the residents themselves due to their illnesses and it is important to have a team approach to ensure that behaviors are managed to reduce the risk of injury.

All staff employed at the manor receive Gentle Persuasive Approach (GPA) training to help them manage responsive behaviors in the resident.

### **PATIENT SAFETY**

Patient safety is front and center with Quality Improvement initiatives that we develop and we work to decrease risk of injury and pain in all the care that we plan.

### **HEALTH EQUITY**

The majority of our residents admitted to the home are over the age of 80. These residents remain in their home until they are no longer able to manage with all the services available to them. This is a positive reflection of the services that are available in the community and the wish of seniors to remain at home for as long as they can. Long term care homes are admitting residents that are older and in many cases they have end stage disease and multiple co-morbidities.

## Theme I: Timely and Efficient Transitions

Measure Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of ED visits for modified list of ambulatory care--sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CHI CCRS, CHI NACRS / Oct 2021 - Sep 2022	15.38	7.00	Rate has decreased since last quarter	

### Change Ideas

**Change Idea #1** The data reflects 5 residents that went to the ER in the evening. Our NP and MD have there visits during the day but our current MD is available as needed most days to come to home and assess.

Methods	Process measures	Target for process measure	Comments
The charge nurse will call and discuss with MD prior to transfer if it is not an emergency.	Rate should go down if MD assesses prior to transfer	7.0 would be the target for improvement	The MD may not always be available to assess in home.

## Theme II: Service Excellence

### Measure      Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home residents	In house data, NHCAPPS survey / Apr 2022 - Mar 2023	CB	CB	78% current data for in house survey (18/23 surveys returned)	

### Change Ideas

Change Idea #1 This question was added to the homes in house annual satisfaction survey. 78 surveys sent out and only 23 returned. It is a small sample size but excellent compared to other surveys.

Methods	Process measures	Target for process measure	Comments
Surveys mailed out and returned to administrator.	Positive (Always Response Only)/Number of Surveys Returned.	Would like a higher response rate on surveys.	

**Measure**      **Dimension:** Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	P	% / LTC home residents	In house data, interRAI survey / Apr 2022 - Mar 2023	CB	CB	87% current data for in house survey (20/23 surveys returned)	

**Change Ideas**

**Change Idea #1** This question was added to the homes in house annual satisfaction survey. 78 surveys sent out and only 23 returned. It is a small sample size but excellent compared to other surveys.

Methods	Process measures	Target for process measure	Comments
Surveys mailed out and returned to Administration	Positive (Always Responses Only)/Number of Surveys Returned	Would like a higher response rate on surveys	

## Theme III: Safe and Effective Care

### Measure      Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without antipsychotic medication in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	18.80	9.40	Our current rate is well below LHIN and Provincial Rate	

### Change Ideas

Change Idea #1 Will review residents that are on antipsychotic medications update diagnosis as needed

Methods	Process measures	Target for process measure	Comments
Work with NP/MD/BSO/Pharmacist for review of meds and diagnosis's monthly	Generate current MDS reports for current residents and time period	Review long term trending and current data	

**CONTACT INFORMATION/DESIGNATED LEAD**

Pauline Frechette Keating  
Director of Resident Care

**SIGN-OFF**

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on

03/31/2023

  
Board Chair / Licensee or delegate

  
Administrator / Executive Director

  
Quality Committee Chair or delegate

Other leadership as appropriate

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